Rehabilitation Center Funds Research to Aid Persons with Disabilities

The newly established National Center for Medical Rehabilitation Research (NCMRR) of the National Institute of Child Health and Human Development (NICHD) has awarded its first research grants.

Many of the grants will spur research in devices that correct disabilities or substitute for missing body parts. Other grants will foster the study of sexual identity, sexual relationships, and fertility in persons with disabilities.

The NCMRR, with a budget of $9 million for 1993, was established by Congress and signed into law by President Bush in 1990 to conduct and support medical rehabilitation research to improve the quality of life for people with disabilities.

Central to this mandate is the development of orthotic and prosthetic devices that support, align, prevent, correct, or improve deformities of moveable parts of the body or substitute for missing body parts.

The following NCMRR projects deal with orthotic-prosthetic devices:

- a "brain-computer interface" to allow paralyzed persons to communicate via a personal computer linked to electrodes fitted to the scalp. Through brain-wave activity, a paralyzed person could manipulate a cursor on a computer screen. Principal investigator, Jonathan R. Wolpaw, Wadsworth Center for Laboratories and Research, New York State Department of Health, Albany.
- evaluation of the ankle foot orthoses (AFOs), braces that steady the ankle and foot, currently used to correct the gait of children with cerebral palsy. Although these devices are widely used, no studies have been conducted on their effectiveness. Researchers involved in the project will evaluate the effectiveness of two types of AFOs, the standard versus the dynamic, as compared to wearing shoes alone. Principal investigator, Christopher L. Vaughn, University of Virginia Health Sciences Center, Charlottesville.
- computer software that will use the latest in sophisticated imaging techniques to construct realistic models for fitting prostheses. The method will combine computed tomography scanning (to gauge the internal characteristic of the stump) with a technique known as 3-D optical surface scanning (to measure surface characteristics). Principal investigator, Michael W. Vannier, Washington University Medical Center, St. Louis, MO.
- an electronic implant in artificial limbs that would convey sensation through nerves in the skin. Principal investigator, Ronald R. Riso, Case Western Reserve University, Cleveland, OH.
- a comprehensive epidemiologic study of upper extremity amputees. After cataloging the needs of below-elbow amputees, the researchers will discuss how state-of-the-art technology could be used to develop a high quality, low-cost, robotic arm. Principal investigator, W.H. Donovan, Institute for Rehabilitation Research, Houston, TX. The endeavor will also involve Rice University, Houston, the Limbs of Love, an amputee support group also in Houston, and the National Aeronautics and Space Administration, the U.S. aerospace agency.

The other NCMRR-sponsored projects in the prosthetics-orthotics field include efforts to improve the gripping mechanism of prosthetic hands, attempts to improve the knee joints of prosthetic legs, and to improve the design of wheelchairs.

Many people with disabilities are in their prime reproductive years, lead independent lives, and wish to establish successful personal relationships and have children. Yet few studies have been conducted on how best to meet these needs.

For this reason, an NCMRR initiative stressed a number of studies to improve fertility, pregnancy, and delivery in persons with disabilities, as well as sexual identity and sexual relationships.

Key studies in this initiatives include

- investigation of the physiological changes that occur as a result of various kinds of spinal cord injury. Since the degree of nerve damage and remaining function may vary, the study will attempt to identify the role of various nerve groupings on the function of the male reproductive organs. Principal investigator, Thomas S. Chang, Johns Hopkins University, Baltimore, MD.
- an attempt to characterize more precisely the deterioration in sperm quality after spinal cord injury. Observations from this study should provide important information to improve the fertility of many males with disabilities. Principal investigator, Todd A. Linsenmeyer, University of Medicine and Dentistry of New Jersey, Newark.
- an attempt to develop standardized procedures that will lead to improved viability and fertility of electroejaculated sperm. (Electroejaculation involves the electrical stimulation of nerves controlling ejaculation.) More than 10,000 cases of spinal cord injury occur each year, most in young men in their teens and early 20s. This study will characterize changes in seminal proteins and hormonal profiles in spinal cord injured men and compare the results with men who have not suffered such an injury. These results should lead to improved fertility and have a great impact on the ability of these young men to father children. Principal investigator, Larry I. Lipshultz, Baylor College of Medicine, Houston.
- an attempt to characterize the impact of disabling conditions on sexual functioning in women. Currently, little is known about dating, physical intimacy, marriage, and parenting among women with disabilities. This important study will inquire about sexual function in women with disabilities and evaluate the impact of various psychological, social, and environmental factors on their ability to establish intimate relationships. Principal investigator, Margaret Nosek, Baylor College of Medicine, Houston.

Public Health Service Plans for Bicentennial, Appoints Historian

Pointing toward its Bicentennial in 1998, the Public Health Service (PHS) has established an office of history and named John Parascandola, PhD, formerly Chief of the National Library of Medicine's History of Medicine Divi-

sion, as the first formal PHS Historian.

The Historian's office will promote PHS historical actvities, encourage scholarly research on the agency, provide PHS managers with historical background relevant to decisions on contemporary issues, serve as liaison to the National Museum of Health and Medicine, and coordinate PHS-wide projects for the Bicentennial.

Among its other functions, the history office will work to identify and insure the preservation of documents and artifacts of significance in the history of the PHS. The office will also serve as a clearinghouse of information on historical activities in the various PHS agencies. The historian and staff members are ready to assist anyone seeking information or advice on PHS history.

Dr. Parascandola received his doctorate in the history of science from the University of Wisconsin-Madison in 1968 and spent the following year on a postdoctoral fellowship at Harvard University.

In 1969 he joined the faculty at the Unversity of Wisconsin-Madison, where he became professor of history of pharmacy and history of science before moving to the National Library of Medicine in 1983.

Inquiries should be addressed to Dr. John Parascandola, PHS Historian, 17-31 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857; tel. 301-443-5363, FAX 301-443-0358.

If the "Oldest Old" Increase, is Life Getting Longer? Experts Disagree

About 3 million men and women ages 85 and older constitute the most rapidly growing age group in the United States, according to the National Institute on Aging (NIA). And as of 1990, more than 35,800 of these Americans were ages 100 or older.

Varied opinions of many experts on life expectancy were shared last year at a workshop funded by NIA. While disparate views were offered, one general point of agreement existed—the years ahead will bring forth a greatly expanded cluster of the "oldest old."

Just how many people will become members of this unique population and whether life's limits can reasonably be extended beyond age 85 remain open for debate.

Average life expectancy has risen dramatically over time, demographers note. At the turn of the century, the average American could expect to live 47 years. Today, a child born in 1993 can anticipate surviving almost 60 percent longer—to around age 75. Census Bureau estimates show that about 1 out of every 100 youngsters born between 1979 and 1981 will reach the heralded century mark.

The issue of longevity and lifespan has long fascinated poets and perplexed gerontologists who study the clinical, biological, social, and psychological processes of aging. Some gerontologists espouse the theory that senescence is commandeered by a biological clock, one that is programmed to cease ticking at a certain time despite man's best efforts to intervene.

Dr. James Vaupel of Odense University Medical School in Denmark is far more optimistic, however. He believes that average life expectancy at birth will indeed surpass the biblical four score and seven years. The National Institutes of Health (NIH), he said at the workshop, will be at the forefront in finding ways to make this possible. Furthermore, he maintains that many current estimates that average life expectancy will reach 85 years are far too conservative because advances in treating leading killers, such as coronary heart disease and cancer, should keep people living longer.

"The work of NIH is going to pay off and there are going to be breakthroughs that extend life expectancy up to 90 or 100 years," predicted Dr. Vaupel.

The prediction is based in part on Dr. Vaupel's most recent investigation that shows that the upper limits to life may be much higher than previously believed. In an article published in the October 16, 1992, issue of Science, he and his colleagues reported that in their study of a particular population of more than 1 million Mediterranean fruit flies, once the insects reached senescence, their statistical likelihood of dying decreased, not increased, as most experts believe happens with aging.

Dr. Vaupel and other authorities now strongly suggest the same phenomenon could be true for humans. Even modest advances in longevity of 10 or 11 years "will produce huge increases in the estimated numbers of very old people," explained Dr. Richard Suzman, director of NIA's Office of the Demography of Aging. He cited Census Bureau projections that in 50 years there will be more than 12 million people ages 85 and older.

"There are others who predict that we'll have from 23 million to 40 million," Dr. Suzman added.

Recent mortality figures offer some additional cause for optimism. According to Dr. Kenneth Manton of Duke University, death rates for those ages 85 and older declined 8.7 percent between 1988 and 1991. Additional declines can be anticipated in the ensuing years, other experts contend.

While genetic manipulation and breakthrough technologies to lengthen life may be years or even decades away, NIA maintains that currently there are no known antiaging treatments, drugs, or supplements that retard aging or prolong life. Nevertheless, by following prudent measures such as exercising regularly, getting sufficient rest, refraining from smoking, maintaining proper body weight, and obtaining periodic medical checkups, men and women can bolster their chances for getting more years out of their lives.

—JAN EHRMAN, editor, "NIH News and Features," VICKY CAHAN, Public Affairs Specialist, National Institute on Aging.

Additional information on life expectancy and aging can be obtained from Public Information Office, NIA, 9000 Rockville Pike, Building 31, room 5C-27, Bethesda, MD, 20892, tel. 301-496-1752.

Silver Teeth Fillings Not Dangerous, PHS Says

The Public Health Service (PHS) has released an evaluation of mercury-containing dental amalgam—silver fillings—that says the amalgam has continuing value in maintaining oral health.

According to the report, there is no solid evidence of any harm for millions of Americans who have these fillings, and there is no persuasive reason to believe that avoiding amalgams or having them removed will have a beneficial effect on health.

Amalgam has been in use more than 150 years, but the study was undertaken because of questions raised about the long-term effects of their

mercury content. Mercury, at high levels, can produce poisoning symptoms.

Amalgam fillings do release small amounts of mercury vapor that can be absorbed by the body, the report, "Dental Amalgam: A Public Health Service Strategy for Research, Education and Regulation," said.

According to the report, mercury could cause allergic reactions in a few persons but "there is scant evidence that the health of the vast majority of people with amalgam is compromised." (A National Institutes of Health biotechnology conference in 1991 was told that there had been only 50 documented cases of reactions to amalgam in medical literature since 1906.)

The report did determine, however, that more extensive scientific evidence should be gathered to rule out completely any possibility of long-term health risks from the amalgams—or from alternative substances that might be used—and recommended a research program to resolve these uncertainties.

Produced by representatives of Federal health-related agencies—the Committee to Coordinate Environmental Health and Related Programs, the report recommended that PHS promote the use of fluorides, sealants, and other measures to avoid dental cavities and, thus, the need for fillings.

And manufacturers, the report advises, should be required to disclose to dentists the ingredients in restorative materials so that dentists can help patients avoid substances that they may be allergic to.

Essentially, dental amalgam is a mixture of several metals including silver, tin, copper and mercury. The mercury provides the strength and cohesiveness necessary, and the resulting amalgam is a popular material for filling cavities because it is strong, durable, and relatively inexpensive. Amalgam is used in about half the 200 million cavity-filling procedures performed annually. The other half use such materials as gold, ceramics and plastics.

The study is the product of 25 months of work by a number of PHS agencies—National Institutes of Health, Centers for Disease Control and Prevention, Health Resources and Services Admininstration, Indian Health Service, and Food and Drug Administration. The Environmental Protection Agency and outside experts in toxicology, biomaterials, and clinical dentistry also assisted in the preparation of the report.

Public Use Data Files Available from Children's Oral Health Survey

Data files from the National Institute of Dental Research (NIDR) National Survey of Oral Health in U.S. School Children, 1986–87, are now available for public use.

A primary objective of the 1986–87 survey was to provide reliable statistics on the level of dental caries in U.S. schoolchildren (excluding Alaska). A second objective was to evaluate recent progress in reducing dental caries by comparing the survey data with that from an NIDR 1979–80 survey.

Additionally, the survey was designed to provide estimates of the prevalence of gingivitis, dental fluorosis, periodontal destruction, and soft tissue lesions in the school-aged population.

NIDR-trained dentists performed oral examinations on 40,693 students ages 4 to 22 at schools throughout the United States. The sample represented approximately 45 million school children.

Questionnaires completed by the children's parents provided extensive residential histories and information on fluoride exposure.

Data on smoking history and current use of smokeless tobacco, cigarettes, and alcohol were collected from students in grades 6 through 12. These data were collected in personal interviews conducted with the students at the conclusion of their oral examinations.

The electronic files and documentation will be released by the National Archives. Each data package includes a 9-track computer tape and a supporting document, "Oral Health of United States Children. The National Survey of Oral Health in U.S. School Children: 1986–87, Public Use Data File Documentation and Survey Methodology," (available in printed form as well as on floppy disk in Word Perfect 5.1 format).

In addition to a detailed file layout, the manual contains a description of the sample design, operational aspects of the study, and data analysis considerations, including procedures of estimation, weighting, and calculation of variances. The appendices provide a glossary, a description of the diagnostic criteria used in the oral examination, a facsimile reproduction of the survey forms, and additional technical methodologies.

To obtain the public use data packages and to inquire about the price, contact Reference Staff Center for Electronic Records (NNX), National Archives and Records Administration, Washington, DC 20408; tel. 202–501–5579.

First License Granted for Dental Products to Remineralize Teeth

The National Institute of Standards and Technology (NIST) has granted a patent license to a manufacturer to produce dentifrice products using a new method to remineralize teeth. The method was developed by a NIST researcher with support from the National Institute of Dental Research.

The manufacturer plans to use the remineralization method to develop toothpastes, chewing gum, and other dental products that can help repair early cavities, restore decalcified areas, and make teeth less sensitive to hot and cold.

The exclusive license to produce products with the patented remineralization process was granted to Enamelon Inc., of Yonkers, NY, by the American Dental Association Health Foundation (ADAHF) at NIST.

The remineralization method was invented by research chemist Dr. Ming S. Tung of the Paffenbarger Research Center at NIST. The remineralization patent is held by ADAHF, sponsor of the 64-year-old Paffenbarger Research Center.

Use of Amorphous Calcium Phosphate

Dr. Tung's remineralization method uses amorphous calcium compounds, or a carbonate solution, that crystallize to form hydroxyapatite, the primary mineral in teeth and bone. The aim of remineralization is to disperse hydroxyapatite into the tooth structure to prevent further tooth decay and restore the tooth to its original form. Enamelon's products will contain the amorphous calcium phosphate that causes the remineralization process to take place.

In the past, commercialization of a solution for remineralization has been

prevented by problems such as instability, slow diffusion and reaction time, and surface precipitation. The process patented by the ADAHF contains calcium phosphate that overcomes these problems and remineralizes the tooth rapidly.

FDA Approval Needed

The initial period of the exclusive license agreement with Enamelon will be extended 3 years after the manufacturer has demonstrated that the remineralizing material has been physically and chemically stabilized for storage and marketing, similar to other dentifrices or chewing gums. Some of the materials will require clinical testing to receive Food and Drug Administration (FDA) approval for marketing the products to dental professionals and the public.

The NIST dental materials program is a cooperative activity involving researchers from the Institute's Polymers Division, research associates from ADAHF, the National Institute of Dental Research and industry, and guest scientists from leading dental schools.

NIMH Prevention Research Helps Women Change AIDS Risk Behavior

Women at risk for HIV infection reported greater AIDS knowledge, increased condom use, and fewer unsafe sexual practices three months after participating in a behavioral intervention program in Milwaukee, WI, supported by the National Institute of Mental Health.

Women in the intervention program increased their condom use by 40 percent, significantly reduced unprotected intercourse, and stopped having sex with intravenous drug users. Women in a control group who received general health education showed little evidence of behavior change despite the availability of AIDS information in the media and community.

These findings were collected from the first 92 women to complete the study that is being conducted with 250 women in an urban health care clinic in Milwaukee. Results from the study could be highly useful in developing large-scale AIDS prevention programs for women in urban settings.

Heterosexual women are substantially more at risk for HIV infection than heterosexual men, and since the mid-1980s, the proportion of American women infected with HIV through heterosexual contact has greatly increased. Inner-city women with multiple or high-risk partners or a history of sexually transmitted diseases are particularly at risk. This study is one of the first to evaluate the impact of AIDS intervention for these women.

Researcher Jeffrey A. Kelly, PhD, and his colleagues began by interviewing women at the clinic so the group intervention would fit their particular needs. Responses showed that although AIDS was a concern, it was less important than other issues—crime, unemployment, housing, and child care.

"This told us that the best recruitment strategies for an AIDS risk program for women," Kelly said, "should focus on the child and family values that are most important to them, such as protect your child from AIDS; protect your unborn infant from AIDS; and stay healthy in order to care for your children."

Women in the study are initially assessed on their knowledge of AIDS risk behaviors and their assertiveness in role-playing that simulates sexually coercive situations. Half of the women are assigned then to an AIDS intervention program and the other half to a control group.

Women in the AIDS intervention program participate in group discussions of about 10 people each in five sessions—four successive weekly sessions followed by one a month later. Minority urban women lead the intervention sessions, since they can best relate to and discuss situations and examples relevant to the women in the groups.

Participants learn basic information about AIDS and HIV, including how the virus is transmitted, which behaviors can make them vulnerable to infection, and how they can protect themselves. They also learn and practice skills such as condom use, safer sex communication, and assertiveness.

"Many AIDS interventions focus on techniques," said Kelly, "such as how to apply a condom. That's important, but we're also trying to focus on the reasons these women should protect themselves—not just on the methods. Helping them to develop pride and self esteem is also important, because these are women who may not think of themselves as very worthwhile people."

Throughout the intervention, participants are given sample problems—based on issues identified by women in the preliminary interviews—and asked to demonstrate, through role playing, how they would handle them. Emphasis is placed on developing and practicing skills to deal with high-risk sexual situations.

One particularly difficult issue for these women is how to negotiate safer sex practices in an ongoing relationship without the partner becoming insulted and ending the relationship. Many feel it is easier to practice safer sex with a new partner.

"We try to prepare the women for resistance from their partners," said Kelly. "We focus on helping them to get out of relationships where they cannot change the high-risk behavior and teaching them the skills they need to introduce safer sex practices in new relationships."

As the women develop rapport among themselves, they encourage each other to try out behavior changes. Group members are given homework assignments, such as, "Go home tonight and talk to your partner about AIDS prevention." At the next session, the women share and discuss their experiences.

Kelly said there is a strong sense of mutual support among women in the intervention groups. "We are teaching skills, but the real power is in what they learn through group interaction," he said. "Education is the easy part; helping people to change their behavior is more difficult. These women—many of whom have little control over other aspects of their lives—are helping each other to prepare for change."

All the women will be reassessed at 3-month, 6-month, and one-year intervals to determine whether the intervention has produced substantial, well-maintained reductions in high-risk behavior. The project will conclude in December 1993.

—CAREE VANDER LINDEN, Public Affairs Specialist, National Institute of Mental Health.

For additional information about AIDS and high-risk behavior, contact Information Office NIMH, NIH, 5600 Fishers Lane, Room 7–103, Rockville, MD, 20857; tel. 301–443–4536.

800 Numbers Abound for Health Consumers

As health problems proliferate, so do the toll-free telephone numbers the public can call for details on specific diseases or health-related topics.

The 800 numbers offer recorded data, referrals, written materials, and sometimes personal counseling. The following are the most popular, according to the Public Health Service. Unless otherwise noted, operating hours are eastern time and numbers can be reached within the continental United States on weekdays. Those available 24 hours can usually be reached seven days a week.

National AIDS Hotline (800) 342–AIDS. (Spanish language (800) 344–7432. 8 am to 2 am.

American Council on Alcoholism (800) 527–5344. Operates 24 hours.

Alzheimer's Disease and Related Disorders Association, (800) 272–3900; 9 am to 5 pm. (Central).

Asthma and Allergy Foundation of America (800) 7–ASTHMA. 9 am to 5 pm.

Arthritis Foundation Information Line, (800) 283–7800. 9 am to 7 pm.

American Council of the Blind, (800) 424–8666. In Washington, DC, (202) 467–5081. 9 am to 5:30 pm.

Cancer Information Service, National Cancer Institute, (800) 4–CANCER; in Alaska, (800) 638–6070; in Oahu, HI, (808) 524–1234. 9 am to 10 pm weekdays; 10 am to 6 pm Saturdays.

National Child Abuse Hotline, (800) 422–4453. Operates 24 hours.

American Diabetes Association, (800) ADA-DISC; in Virginia and District of Columbia metro areas, (703) 549–1500. 8:30 am to 5 pm.

National Down's Syndrome Society Hotline, (800) 221–4602. 9 am to 5 pm.

Endometriosis Association, (800) 992–ENDO; in Wisconsin, (414) 962–8972.

Dial a Hearing Screening Test, (800) 222–EARS; 9 am to 5 pm.

National Kidney Foundation, (800) 622–9010. 9 am to 5 pm.

National Safety Council Lead Poisoning Hotline, (800) 532–3394. Operates 24 hours.

Meat and Poultry Hotline, (800) 535–4555. 10 am. to 4 pm.

Organ Donation, (800) 243–6667. Operates 24 hours.

Sexually Transmitted Diseases Hotline, (800) 227–8922. 8 am to 8 pm.

National Association for Sickle Cell Disease, (800) 421–8453; in California, (213) 936–7205. 8:30 am to 5:30 pm (Pacific). Courage Stroke Network, (800) 553–6921. 8 am to 4:30 pm (Central).

American SIDS (Sudden Infant Death) Institute, (800) 232–SIDS; in Georgia, (800) 847–7437. Operates 24 hours.

A more complete list may be ordered free by writing Office of Disease Prevention and Health Promotion, National Health Information Center, P.O. Box 1133, Washington, DC 20013–1133.

Those who still can't locate an 800 number for a specific topic can call 800–336–4797 (eastern time). In Maryland, callers should dial (301) 565–4167. Also, operators at 800–555–1212 can frequently locate an 800 number for many subjects, especially if callers give them the names of national organizations that may be offering the number.

HHS Sets Up National HIV-AIDS Consultation by Telephone

The Department of Health and Human Services (HHS) has established the first nationwide clinical consultation telephone service for physicians and other health care professionals who have questions about providing care to people with HIV infection or AIDS.

The toll-free National HIV Telephone Consulting Service is staffed by a physician, a nurse practitioner, and a pharmacist. It provides information on drugs, clinical trials, and the latest treatment methods. The service is funded by the Health Resources and Services Administration (HRSA) of the Public Health Service and operates out of San Francisco General Hospital.

HHS Secretary Donna E. Shalala, PhD, commented, "One goal of this project is to share expertise so patients get the best care. A second goal is to get more primary health care providers involved in care for people with HIV or AIDS, which reduces treatment cost by allowing patients to remain with their medical providers and community social support networks. Currently, many providers refer patients with HIV or AIDS to specialists or other providers who have more experience."

Secretary Shalala added, "This clinical expertise should be especially helpful for physicians and providers who treat people with HIV or AIDS in communities and clinical sites where HIV expertise is not readily available."

The telephone number for health care professionals is 1–800–933–3413, and it is accessible from 10:30 am to 8 pm EST (7:30 am to 5 pm PST) Monday through Friday. During these times, consultants will try to answer questions immediately, or within an hour. At other times, physicians and health care providers can leave an electronic message, and questions will be answered as quickly as possible.

Health care professionals may call the service to ask any question related to providing HIV care, including the latest HIV-AIDS drug treatment information, clinical trials information, subspecialty case referral, literature searches, and other information. The service is designed for health care professionals rather than patients, families, or others who have alternate sources of information or materials.

When a health care professional calls the new service, the call is taken by either a clinical pharmacist, primary care physician, or family nurse practitioner. All staff members have extensive experience in outpatient and inpatient primary care for people with HIV-related diseases. The consultant asks for patient-specific information, including CD_4 cell count, current medications, sex, age, and the patient's HIV history.

This national service has grown out of a 16-month local effort that responded to nearly 1,000 calls from health care providers in northern California. The initial project was funded by HRSA's Bureau of Health Professions, through its Community Provider AIDS Training (CPAT) project, and by the American Academy of Family Physicians.

"This service has opened a new means of communication between health care professionals and experts on HIV care management,' said HRSA's Associate Administrator for AIDS and Director of the Bureau of Health Resources Development, G. Stephen Bowen, MD, MPH. "Providers who treat people with HIV or AIDS have access to the latest information on new drugs, treatment methods and therapies for people with HIV or AIDS."

Leishmaniasis Epidemic in Southern Sudan Infected U.S. Troops

Between 300,000 and 400,000 persons in Southern Sudan are currently at risk of infection by leishmaniasis—also known as Kala azar—in what experts at the World Health Organization consider to be one of the largest epidemics of the deadly disease in recorded history.

Reports by the nongovernmental organization, "Medecins sans Frontieres/Netherlands" (MSF/Netherlands), suggest that as many as 40,000 persons may already have died, and that the population of some villages has been reduced by 30-40 percent.

The disease has already spread north and east from its initial focus, and if effective action is not taken, there is a risk of the disease spreading even further, with devastating consequences.

The affected area, in the Western Upper Nile province of Southern Sudan, is a war zone. Fighting between Sudanese Government troops and rebels of the Sudan People's Liberation Army (SPLA) has made it impossible to undertake effective treatment and the large-scale measures required to control effectively the spread of disease. In normal times, this disease affects only a limited and stable population. The devastation caused by war, famine, and displacements of population have created the preconditions for an epidemic.

It is suspected that during the Gulf War in 1991, a number of soldiers were infected, though few of them showed any immediate clinical manifestations. The Walter Reed Army Institute of Research and the National Institutes of Health in Bethesda, MD, are now looking at the magnitude of this infection among American soldiers. Those who were present in the Gulf have meanwhile been barred from donating blood due to the potential risk of transmission. Blood in the United States is not at present routinely screened for leishmaniasis.

Visceral leishmaniasis (VL), called the "killing disease" in Sudan, is transmitted from man to man by the sandfly and is usually associated with fever, enlargement of the spleen, lymph nodes, and liver, as well as the anemia and severe wasting. Treatment is based on daily injections of pentavalent antimonials for 30 days at a total cost of around $100 per patient. If untreated, all patients with clinical symptoms will die.

In endemic areas like Southern Sudan, clinical cases represent only "the tip of the iceberg." Many more people are usually infected, developing severe forms of the disease if, for example, they are malnourished.

Another area badly affected by visceral leishmaniasis is the Indian subcontinent, where approximately 400,000 new cases are estimated to occur each year. Mortality is reported to be between 5 and 7 percent.

In Southern Sudan, the first signs of the epidemic became apparent in mid-1988, although it was first believed to be an epidemic of typhoid fever. MSF-/Netherlands, which had reported these first cases, determined later in the year that the disease was indeed leishmaniasis and that it affected thousands of persons, both in Western Upper Nile and in the capital, Khartoum, where many had fled in search of security.

New Handbook on Baked Goods Nutrients Issued by Agriculture Department

Agriculture Handbook No. 8–18, "Composition of Foods: Baked Products; Raw, Processed, Prepared" has been issued by the Nutrition Monitoring Division of the Department of Agriculture. The handbook section completes the major revision of the Agriculture Handbook series consisting of 21 volumes.

Nutrient data are presented for 405 baked products and home-use leavening agents, expanded from 135 comparable items in the 1963 edition of Agriculture Handbook No. 8.

Baked products included are yeast breads and rolls, English muffins, croissants; quick breads such as biscuits, fruit breads, and muffins; cakes, cheesecakes, coffee cakes; cookies and ice cream cones; crackers, including breadsticks, crispbreads, melba toast, and matzo; doughnuts and other sweet goods; French toast, pancakes, waffles; pies and pie crusts; and corn and flour tortillas. Forms of baked products include commercial, ready-to-eat items; dry mixes; refrigerated doughs; products prepared from mixes and doughs; and products prepared from home recipes.

The format for this volume is the same one used for the other 20 handbooks in the series. Each page contains a complete nutrition profile for one food item. Values are reported for energy, proximate composition, nine minerals, nine vitamins, individual fatty acids, total saturated, monounsaturated, and polyunsaturated fatty acids, cholesterol, and 18 amino acids. Appendix tables provide total dietary fiber values for selected products and ingredient information for items prepared from recipes.

Agriculture Handbook No. 8–18, Baked Products, stock number 001–000–04584–9, may be purchased for $28 from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402–9328; tel. (202) 783–3238. A 25-percent discount is allowed on orders of 100 or more to one address.

Machine-readable tapes of the data are available from the National Technical Information Service, Springfield, VA 22161. Additional information can be obtained from Office of Management Services, Systems Support Staff, HNIS, USDA, Room 304A, Federal Building, Hyattsville, MD 20782.

Agriculture Handbook 8–18 data in machine-readable form are also part of Release 10 of the USDA Nutrient Data Base for Standard Reference, available on the Nutrient Data Bank Bulletin Board, tel. 301–436–5078.

PHS Awards $21 Million to Rural Communities

The Public Health Service (PHS) has awarded more than $21 million to 121 communities to fund projects aimed at closing the health care gap in rural America.

The Rural Health Outreach Program, administered by the Health Resources and Services Administration's Office of Rural Health Policy, awards grants that are used by private nonprofit and public health care organizations to reach people in rural areas who face severe shortages of health professionals and services.

Grants totaling $4.7 million were awarded to 27 new outreach projects. In addition, funds were awarded to continue 94 projects originally funded in fiscal year 1991. The fiscal 1992 grants average $174,000.

Under grant provisions, grantees must form consortia with local institu-

tions, such as public health departments or hospitals, to best target those residents who need help.

Fiscal 1991 grants were used by communities to provide such services as primary health care, preventive health education, transportation to clinics, training of emergency medical workers, and prenatal-well child care for high-risk mothers.

In fiscal 1992, successful proposals focused on attacking infant mortality, addressing the mental health needs of rural adolescents, and providing services to farmers, their families, and migrant and seasonal workers.

Behavioral Risk Factor Surveillance System Conference in Atlanta

The Centers for Disease Control and Prevention will sponsor the 10th annual Behavioral Risk Factor Surveillance System (BRFSS) Conference at the Ritz-Carlton Buckhead in Atlanta, GA, June 7-9, 1993.

The agenda will cover items such as use of behavioral risk factor data, issues and opportunities related to the analysis of data, computer assisted telephone interviewing system update, and recommendations to be adopted from an evaluation of the BRFSS.

State BRFSS program coordinators, survey contractors, behavioral scientists, statisticians, epidemiologists, and others involved in collection, analysis, and use of behavioral risk factor data are invited to attend. There is no registration fee.

Additional information is available from the Behavioral Risk Factor Surveillance Branch, National Center for Chronic Disease Prevention and Health Promotion, Mailstop K30, 4770 Buford Hwy NE, Atlanta, GA 30341-3724; tel. 404-488-5292.

Spanish-Language Radio to Air Health Reports

Spanish-speaking Americans in more than 40 metropolitan areas can now obtain health news and information by tuning their radio to *Radio Bilingue*, the nation's largest Spanish-language public radio network.

Radio Bilingue, a California-based public radio production firm run by and for Hispanic-Americans, had begun airing a health report during its regular news program, *Noticiero Latino*, and a new weekend edition that premiered January 9, 1993, recaps the major health issues featured each week. The new reports are being underwritten by a $355,121 grant from the Robert Wood Johnson Foundation of Princeton, NJ.

Noticiero Latino is broadcast by approximately 45 public and commercial radio stations in the United States and another 40 in Mexico's northern states. The health report is expected to reach a potential audience of some 3 million listeners per week.

The report focuses on medicine and health care issues as they pertain to Latinos. It is produced by a full-time health editor with the help of Latino correspondents and health experts around the country. The talent pool is intended to reflect the diversity of the nation's Spanish-speaking population.

In addition to daily health news programming, the Johnson Foundation grant also will support production of prevention-centered radio mini-dramas and public service announcements to educate Spanish-speaking people about alcohol abuse.

"Language and cultural diversity often act as barriers to health care for Hispanics," said Steven A. Schroeder, MD, Johnson Foundation president. "Learning when and how to seek health care is very important. The U.S. medical system can be very complicated—and frustrating—even to those of us familiar with it. While we at the foundation work toward making the system simpler, this grant tackles the other side of the equation, making the listeners better, more informed consumers," he explained.

Reports on Physicians Available in 3 Libraries

Sets of State reports on "Characteristics of Physicians: January 1, 1992" have been made available to three libraries in the Washington, DC, area by the Public Health Service (PHS).

PHS' Bureau of Health Professions has provided the sets to the Public Health Service Library in the Parklawn Building in Rockville, MD, the National Library of Medicine at the National Institutes of Health, Bethesda, MD, and the private Congressional Information Service, also in Bethesda.

The reports were prepared by the American Medical Association and were funded by the Bureau through a contract that also provided data tapes for input to the Bureau's Area Resource File (ARF).

The Parklawn Library and the National Library of Medicine have the reports in print; the Congressional Information Service has them in print as well as microfiche form.

The report provides detailed tabulations of several characteristics of physicians (MDs only) for each State and for the United States as of January 1, 1992.

The detailed statistical tables have breakdowns by various combinations of specialty, sex, age group, major professional activity, board certification, country of graduation, and primary-nonprimary care. They are of significant use for health planning, policy development, medical education, and research purposes.

There is a separate volume for each of the 50 States, the District of Columbia, and U.S. Territories. The 21 tables in each State volume include 6 national tables, and 15 State tables that present data by county, demographic county group, and census division.

Access to the reports can be gained at the Parklawn Health Library, Room 13-12, Parklawn Building, tel. 301-443-2673; National Library of Medicine, tel. 301-496-6095; or Congressional Information Service, tel. 301-654-1550 or 1-800-638-8380; request "Government Documents on Demand.".

Additional information can be obtained from Gloria Bronstein or Dr. Herbert Traxler, Office of Health Professions Analysis and Research, Room 8-47 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857; tel. 301-443-6633.

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